

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO.		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3		Lebanon Police		0830300		ODHS USE ONLY - DO NOT MARK ABOVE	
REPORT TAKEN	<input type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE	NO OF VEH PEDESTRIANS INVOLVED	CRASH SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input type="checkbox"/> PROPERTY DAMAGE ONLY		COMBINED VEH/PROP LOSS	<input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150	HIT SKIP	<input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED	
IN COUNTY OF WARREN		IN <input checked="" type="checkbox"/> CITY		LEBANON		DATE OF CRASH: 08/27/13		TIME: MILITARY 1134	
CRASH OCCURRED ON		118 W. Main Street		WITHIN THE INTERSECTION OF					
IF NOT IN INTERSECTION		N		(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)		CITY CODE			
LOC 1		LOC 2		LOC JUR FH9 FILT					
A	UNIT NO. 1	NO OF OCCUPANTS 1	OPERATING <input checked="" type="checkbox"/>	PARKED <input type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT & RUN NON CONTACT <input type="checkbox"/>	INSURANCE CO OR AGENT	Roeding	
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI)		Wood, Douglas J		ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)		234 Hartmine Rd. Corbin, Ky 40701			
PHONE NO.		606-215-3747		BIRTH DATE	08/09/67	AGE	46	SEX	M
OWNER (IF SAME AS DRIVER, WRITE SAME)		Laurel Grocery Co. LLC		ADDRESS		P.O. Box 4100 London, Ky 40743		PHONE 859-296 4580	
VEH YR	2013	MAKE	Maek	MODEL		COLOR	Wht	STYLE	TK
STATE	KY	LICENSE PLATE NO.	521104	TOWING SERVICE		VEH/PED DIR	FROM S TO N		
CIRCLE DAMAGE AREAS		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input type="checkbox"/> DRIVEN AWAY <input checked="" type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED	
FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE									
8	UNIT NO. 2	NO OF OCCUPANTS 0	OPERATING <input type="checkbox"/>	PARKED <input checked="" type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT & RUN NON CONTACT <input type="checkbox"/>	INSURANCE CO. OR AGENT	Progressive	
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI)		Green, Angela S		ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)		3528 Bunnell Rd. Lebanon OH 45036		PHONE 513-4651897	
PHONE NO.		m d y		BIRTH DATE		AGE		SEX	
OWNER (IF SAME AS DRIVER, WRITE SAME)		Green, Angela S		ADDRESS		3528 Bunnell Rd. Lebanon OH 45036		PHONE 513-4651897	
VEH YR	2005	MAKE	Buick	MODEL	Terraza	COLOR	Red	STYLE	SW
STATE	OH	LICENSE PLATE NO.	FJU 7224	TOWING SERVICE		VEH/PED DIR	FROM S TO N		
CIRCLE DAMAGE AREAS		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input checked="" type="checkbox"/> MODERATE <input type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input type="checkbox"/> DRIVEN AWAY <input checked="" type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED	
FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE									
C	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTH DATE		AGE		POSITION	
ADDRESS		same		PHONE		SEX		INJURIES	
D	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTH DATE		AGE		POSITION	
ADDRESS		same		PHONE		SEX		INJURIES	
E	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTH DATE		AGE		POSITION	
ADDRESS		same		PHONE		SEX		INJURIES	
F	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTH DATE		AGE		POSITION	
ADDRESS		same		PHONE		SEX		INJURIES	
P-PEDESTRIAN		RESTRAINTS		ALCOHOL		EJECTION		DRUGS	
1 NOT USED 2 NONE AVAILABLE 3 LAP BELT USED 4 LAP/SHOULDER BELT USED 5 CHILD SAFETY SEAT 6 AIR BAG USED 7 USE NOT REPORTED		1 NO ALCOHOL DETECTED 2 HBD ABILITY IMPAIRED 3 HBD ABILITY NOT IMPAIRED 4 HBD ABILITY UNKNOWN		1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE		1 NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILICIT DRUG			
RECEIVED CALL 1135		DISPATCHED 1135		ARRIVED 1138		CLEARED 1148		OTHER TIME 10	
DATE REPORT FILED 08/27/13		PHOTOS YES		OFFICER'S NAME Pti. Brock		BADGE NO. 126		CHECKED BY	
State PH-012		2/13/03							

2013 - 14,684